

SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 5TH OCTOBER, 2021

PRESENT: Councillor A Scopes in the Chair

Councillors C Anderson, Dr John Beal,
L Cunningham, J Dowson, J Gibson,
C Hart-Brooke, M Iqbal, R. Stephenson and
E Taylor

Co-opted Member present – Dr J Beal

Due to the absence of Councillor Abigail Marshall-Katung a nomination was sought to appoint a Chair for the meeting.

A nomination was made and seconded on behalf of Councillor Andrew Scopes.

18 Appeals Against Refusal of Inspection of Documents

There were no appeals.

19 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

20 Late Items

There were no late items.

21 Declaration of Interests

There were no declarations of interests.

22 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillors Marshall-Katung, Harrington, Latty and Kidger. Councillors Scopes and Stephenson were in attendance as substitutes.

23 Minutes of previous meetings

RESOLVED –

- (a) That the minutes of the meetings held on 9th July 2021 be approved as an accurate record.

(b) That the note of the consultative meeting held on 7th September 2021 be noted.

24 Update on the adult inpatient stroke rehabilitation ward move and the development of a vision for stroke services in Leeds.

The Head of Democratic Services submitted a report which presented a joint briefing paper from NHS Leeds Clinical Commissioning Group (CCG), Leeds Teaching Hospitals NHS Trust (LTHT) and Leeds Community Healthcare NHS Trust on the adult inpatient stroke rehabilitation ward move and also the status and development of a vision for stroke services in Leeds.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Lindsay Springall, Head of Pathway Integration – Long Term Conditions, NHS Leeds CCG
- Dr Bryan Power, Long Term Conditions Clinical Lead, NHS Leeds CCG
- Alistair Bailey, Clinical Lead and Nurse for Stroke Services, LTHT
- Helen Knight, Clinical Head of Service for Neurology & Adult Speech and Language Therapy, Leeds Community Healthcare NHS Trust
- Steve Wilson, Clinical Director for Neurosciences, LTHT
- Claire Graham, Leeds Voices
- Kirsten Wilson, Head of Insights, Communications and Involvement, NHS Leeds CCG

The Clinical Lead and Nurse for Stroke Services, LTHT, introduced the report and advised that since the agenda was published there has been a further delay to the movement of the inpatient stroke rehabilitation ward to Chapel Allerton linked to the new consultant appointment not yet being in post. It was highlighted that patients have been notified and the Trust is in the process of setting a new move date in consultation with the Yorkshire Ambulance Service and will notify the Scrutiny Board once confirmed. Members were advised that while this delay is disappointing, staff have been able to utilise this time to look at a coordinated solution to increase bed capacity across the service. The Long-Term Conditions Clinical Lead, NHS Leeds CCG, also provided an update on the timeline for development of the broader strategic vision for Stroke Services, which included the intention to publish a first draft of the Stroke Vision by April 2022.

Members discussed a number of matters, including:

- *Quality of Stroke Services at Chapel Allerton Hospital.* Members noted that although there is expected to be an increase in bed capacity in

LGI, there will be a decrease in bed capacity on the Chapel Allerton site. Representatives advised that the increased overall capacity will support the integrated pathway throughout the system from initial care to rehabilitation. Related to this, Members queried the increase of specialist support at the Chapel Allerton site. It was confirmed that the rehabilitation staffing model at Chapel Allerton Hospital remains the same, however, the quality of the facilities is much improved.

- *Patient input for video.* Members welcomed the approach of using a video to give a visual representation of what the Chapel Allerton Hospital was like to help alleviate the ‘unknown’. Linked to this, it was suggested that the video also includes input from patients who have experienced the service pathway, to alleviate the worries of new patients.
- *Working collectively to develop a vision for stroke services.* Members acknowledged that the vision for stroke services forms a joint ambition with Leeds City Council as prevention and social care, equipment and adaptation services are recognised vital elements. While Members queried the level of resource available in view of decreased funding for adult social care, Members were advised that the strategic plan to improve integrated pathways is beneficial to resources across all organisations. It was noted that the vision will also involve development with the Stroke Association and other third sector organisations.
- *National shortage of radiologists.* In response to a query, Members were advised that health partners are considering network models of service delivery for specific radiology needs for stroke care with neighbouring hospitals in the Yorkshire region as well as training opportunities for current staff.
- *Improving thrombectomy access.* Members discussed the successful approach of patients being treated with Mechanical Thrombectomy. While acknowledging the lack of specialist staff across the UK in delivering this particular treatment, it was noted that a key priority of LTHT is to continue to improve access to thrombectomy.
- *Discharge from services.* Members queried the timeliness of involvement of primary care beyond stroke service unit discharge and were advised that the single Leeds Care Record allows all health professionals to access all relevant information relating to an individual case immediately and continue with their care.
- *Campaigns to raise awareness.* Members suggested a number of national campaigns for raising awareness of the signs and symptoms of stroke that could be utilised at a Leeds level. Members were advised that the communications and engagement team at Leeds CCG work closely with the national agenda for local campaigns and will continue to work with other services to raise awareness, including related conditions and lifestyle risks, in an accessible format for all communities of Leeds.
- *Performance data.* Members recognised the reliability limitations of the SSNAP performance data collection and were advised, in response to a query, that other options and enhancements are being considered to understand the experiences of patients who use services in Leeds.

RESOLVED –

- (a) That the contents of the report, along with Members comments, be noted.
- (b) That the first draft of the Stroke Vision is shared with the Scrutiny Board once available.

25 Community Neurological Rehabilitation services engagement and redesign

The Head of Democratic Services submitted a report which presented a briefing paper prepared jointly by NHS Leeds CCG and Leeds Community Healthcare NHS Trust on the development of a new model of delivery for community neurological rehabilitation services, including the engagement process and findings thus far, for the Board's consideration and comment.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Helen Knight, Clinical Head of Service for Neurology & Adult Speech and Language Therapy, Leeds Community Healthcare NHS Trust
- Gillian Meakin, Service Development Lead (Clinical), Business, Change and Development Service, Leeds Community Healthcare NHS Trust
- Lindsay Springall, Head of Pathway Integration, Long Term Conditions, NHS Leeds CCG
- Claire Graham, Leeds Voices
- Kirsten Wilson, Head of Insights, Communications and Involvement, NHS Leeds CCG

The Clinical Head of Service for Neurology & Adult Speech introduced the report explaining the rationale for redesigning the service and providing an overview of the key themes and emerging priority areas stemming from the engagement exercise with patients, carers and staff, which were set out within the briefing paper. It was noted that these would inform the developing new model of delivery for community neurological rehabilitation services.

Members were advised that options will be debated and considered during October, with a final decision on the model to be agreed mutually between Leeds Community Healthcare NHS Trust and NHS Leeds CCG by the end of October. Once agreed, a phased implementation of the new model is expected to begin in November 2021, with full implementation of the model in early 2022.

In consideration of the identified themes and emerging priorities that would inform the development of the new delivery model, the following points were raised by the Board:

- *Recognising digital technology as a priority area of development.* There had been varied feedback from patients and carers during the engagement process in relation to the new digital delivery modes that had been expedited as a result of the pandemic (i.e. online consultations). However, the Board noted that there had been a consensus view from LCH staff about the need to review current IT systems to help avoid duplication and improve how patients are effectively managed across LCH services. While acknowledging that there is broader strategic work being undertaken around digital innovation across acute and community health services, the Board felt that the development of digital technology should still be acknowledged as part of the list of themes and priority areas informing the developing new model of delivery for community neurological rehabilitation services.
- *Prioritising actions and providing feedback to patients and staff.* In supporting the list of identified themes that would inform the new model of delivery, the Board also recognised the need to prioritise actions linked to each of the themes and providing feedback on this to patients and staff. The representative from Leeds Voices highlighted that while there is already the intention to produce a 'You Said, We Did' report following the implementation of the new model, there would be merit in also producing a more immediate 'You Said, We Heard' report that explains how the Trusts are responding to the views expressed by patients, carers and staff in terms of redesigning and improving services.
- *Acknowledging the valuable role of the Third Sector.* The Board emphasised the importance of maximising all available resources, including Third Sector provision, to ensure that patients are accessing the right person, at the right place, at the right time. Linked to this, it was noted that the Leeds Community Healthcare NHS Trust had been working closely with Voluntary Action Leeds to understand how best to utilise the provision available within that sector. As part of the redesign process, the Board was also advised that there will be a full Equality Impact Assessment undertaken to ensure that services are accessible to all.
- *Ensuring links with the broader vision for stroke services.* In recognition that some patients accessing the community neurological rehabilitation service will have come through the stroke pathway, the Board emphasised the need to ensure that the new model of delivery links in with the broader vision for stroke services.
- *Maintaining a watching brief of progress.* The Board expressed a wish to schedule a further update in 12 months in order to maintain a watching brief surrounding the implementation of the new model of delivery for the community neurological rehabilitation service.

The Chair thanked everyone for their contributions and explained that a written summary of the Board's observations and recommendations would be produced and submitted to NHS Leeds CCG and Leeds Community Healthcare NHS Trust.

RESOLVED –

- a) That the contents of the report, along with Members comments, be noted.
- b) That a written summary of the Board's observations and recommendations be produced and submitted to NHS Leeds CCG and Leeds Community Healthcare NHS Trust.
- c) That a further update is brought back to the Scrutiny Board within 12 months.

26 Leeds Long Covid Community Services Pathway - The First Year

The Head of Democratic Services submitted a report which presented information on the Leeds Long Covid Community Service model, the demand, activity and performance of the service and detail of the health inequalities evident from data analysis.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Helen Lewis, Director of Pathway Integration, NHS Leeds CCG
- Jenny Davison, Clinical Pathway Coordinator Leeds Long Covid Pathway, Leeds Community Healthcare NHS Trust
- Carl Mackie, Head of Public Health – Long Term Conditions, Leeds City Council
- Lisa Hollingworth, Pathway Integration Leader, NHS Leeds CCG
- Lindsay Springall, Head of Pathway Integration – Long Term Conditions, NHS Leeds CCG
- Kirsten Wilson, Head of Insights, Communications and Involvement, NHS Leeds CCG

The Pathway Integration Leader introduced the report providing an overview of the condition and the support available in Leeds. It was also highlighted that the team have been awarded the British Medical Journal award for clinical leadership of the year, the Medipex award for management of long term conditions and a clinical booklet with advice and guidance developed in Leeds which has been adopted by the World Health Organisation. Leeds has also been successful in securing a £3.4m research grant to identify the best way to treat and support Long Covid.

Members discussed a number of matters, including:

- *Referral and identification process.* In response to a query, Members were advised that referrals to the service can be made by GPs or the respiratory team following Covid-19 treatment. This is due to similarities between 'Long Covid' and other conditions.
- *Learning disabilities.* Members noted the challenge in identifying Long Covid in people with learning difficulties that limit their ability to communicate, and queried the steps taken to ensure that work is taking place to reach this group. Members were advised that the team have been working closely with the learning disability service and have created a lower threshold for point of referral.
- *Raising awareness.* Noting the high number of referrals within some of the most affluent areas in the city, Members commented that more needs to be done to reach the most deprived communities in Leeds. Members also suggested that the team utilise community and faith groups as part of their communication strategy. Members recognised the importance of key messaging advising that mild cases of Covid-19 can still result in Long-Covid.
- *Presentation of data for cases by Index of Multiple Deprivation (IMD) deciles.* It was explained that a wider range between lower and upper confidence intervals represents a less accurate estimation. Members requested that future reports include clear explanations of data and abbreviations.
- *Low prevalence amongst 65 plus group.* Members noted the low referrals to the service for the elderly population of Leeds and were advised that this may be due to the lower survival rate in the initial stages of illness and the likelihood for older people to seek support through their existing services and networks.

RESOLVED –

- a) That the contents of the report, along with Members comments, be noted.
- b) That a further update is provided to the Scrutiny Board within the next 12 months.

27 Work Schedule

The Head of Democratic Services submitted a report that presented the work schedule for the remainder of the municipal year.

RESOLVED – That the work schedule be noted and updated to reflect suggestions of work stemming from the Board's discussion during earlier agenda items.

28 Date and Time of Next Meeting

Tuesday, 16th November 2021 at 1:30pm (pre-meeting for all members of the Scrutiny Board at 1:00pm).

Final minutes approved at the meeting held on Tuesday, 16th November, 2021